Form Approved Through 05/2004 OMB No. 0925-0001

Department of Health and Human Services
Public Health Services

Grant Application

Do not exceed character length restrictions indicated.

LEAVE BLANK—FOR PHS USE ONLY.

Type	Activity	Number
Review Group		Formerly
Council/Board (Month, Year)		Date Received

1. TITLE OF PROJECT *(Do not exceed 56 characters, including spaces and punctuation.)*
Medical Memory Systems (MMS)

2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION ☒ NO ☐ YES
(If "Yes," state number and title)
Number: Title:

3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR — **New Investigator** ☒ **No** ☐ **Yes**

3a. NAME *(Last, first, middle)*: McCreary, Jeff, D

3b. DEGREE(S): AS

3c. POSITION TITLE: Principal Investigator

3d. MAILING ADDRESS *(Street, city, state, zip code)*: Old Dominion University, Computer Science Dept.□Hampton Boulevard□Norfolk, Va. 23529

3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT: Old Dominion University

3f. MAJOR SUBDIVISION: Computer Science

3g. TELEPHONE AND FAX *(Area code, number and extension)*
TEL: 757-683-3915 FAX: 757-683-4900

E-MAIL ADDRESS: jmccrear@cs.odu.edu□

4. HUMAN SUBJECTS RESEARCH
☒ No
☐ Yes

4a. Research Exempt ☐ No ☐ Yes
If "Yes," Exemption No.

4b. Human Subjects Assurance No.

4c. NIH-defined Phase III Clinical Trial ☐ No ☐ Yes

5. VERTEBRATE ANIMALS ☒ No ☐ Yes

5a. If "Yes," IACUC approval Date

5b. Animal welfare assurance no.

6. DATES OF PROPOSED PERIOD OF SUPPORT *(month, day, year—MM/DD/YY)*		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
From	Through	7a. Direct Costs ($)	7b. Total Costs ($)	8a. Direct Costs ($)	8b. Total Costs ($)
1/12/04	5/03/04	92926.40	92926.40	92926.40	92926.40

9. APPLICANT ORGANIZATION
Name: Medical Memory Systems
Address: Old Dominion University, Computer Science Dept.□Hampton Boulevard □Norfolk, Va 23529□

Institutional Profile File Number (if known)

10. TYPE OF ORGANIZATION
Public: → ☐ Federal ☐ State ☐ Local
Private: → ☐ Private Nonprofit
For-profit: → ☐ General ☒ Small Business
☐ Woman-owned ☐ Socially and Economically Disadvantaged

11. ENTITY IDENTIFICATION NUMBER

DUNS NO.

Congressional District 2□

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE
Name: Janet Brunelle
Title: MMS President
Address: Old Dominion University, Computer Science Dept.□Hampton Boulevard □Norfolk, Va 23529
Tel: 757-683-3915 FAX: 757-683-4900
E-Mail: brunelle@cs.odu.edu

13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION
Name: Janet Brunelle
Title: MMS President
Address: Old Dominion University, CS Dept.□Hampton Boulevard□Norfolk, Va 23528
Tel: 757-683-3915 FAX: 757-683-4900
E-Mail: brunelle@cs.odu.edu

14. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

SIGNATURE OF PI/PD NAMED IN 3a. *(In ink. "Per" signature not acceptable.)* DATE

15. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN 13. *(In ink. "Per" signature not acceptable.)* DATE